

Medicare This Week: June 22nd, 2012, Only 8 days Left For 2013 eRx Exemption, National Provider Call on Certified EHR Programs, New CME Modules



- Only 8 Days Left to Apply for a 2013 ePrescribing Exemption: Will You Face a 1.5% Adjustment? ([jump to story](#))
- Register Now: CMS National Provider Call on Certified EHR Technology ([jump to story](#))
- Two New CME Modules on Medscape: Fraud and Abuse ([jump to story](#))

If You Are Not Currently ePrescribing, and Have Not Applied for a Hardship Exemption, You Have Until July 1st, 2012 to Do So

Reminder from CMS. All Emphasis Mine.

The 2013 eRx payment adjustment only applies to certain individual eligible professionals. CMS will automatically exclude those individual eligible professionals who meet the following criteria:

- The eligible professional is a successful electronic prescriber during the 2011 eRx 12-month reporting period (January 1, 2011 through December 31, 2011).
- The eligible professional is not an MD, DO, podiatrist, Nurse Practitioner, or Physician Assistant by June 30, 2012, based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES).
- The eligible professional does not have at least 100 Medicare Physician Fee Schedule (MPFS) cases containing an encounter code in the measure's denominator for dates of service from January 1, 2012 through June 30, 2012.
- The eligible professional does not have 10% or more of their MPFS allowable charges (per TIN) for encounter codes in the measure's denominator for dates of service from January 1, 2012 through June 30, 2012.
- The eligible professional does not have prescribing privileges and reported G8644 on a billable Medicare Part B service at least once on a claim between January 1, 2012 and June 30, 2012.

Avoiding the 2013 eRx Payment Adjustment

Individual eligible professionals and CMS-selected group practices participating in eRx GPRO who were not successful electronic prescribers in 2011 can avoid the 2013 eRx payment adjustment by meeting the specified reporting requirements between **January 1 and June 30, 2012.**

6-month Reporting Requirements to Avoid the 2013 Payment Adjustment:

- Individual Eligible Professionals – **10 eRx events** via claims

- Small eRx GPRO – **625 eRx events** via claims
- Large eRx GPRO – **2,500 eRx events** via claims

For more information on individual and eRx GPRO reporting requirements, please see the [MLN Article SE1206 – 2012 Electronic Prescribing \(eRx\) Incentive Program: Future Payment Adjustments](#).

CMS may exempt individual eligible professionals and group practices participating in eRx GPRO from the 2013 eRx payment adjustment if it is determined that **compliance with the requirements for becoming a successful electronic prescriber would result in a significant hardship**.

Significant Hardships

The significant hardship categories are as follows:

- The eligible professional is unable to electronically prescribe due to local, state, or federal law, or regulation
- The eligible professional has or will prescribe fewer than 100 prescriptions during a 6-month reporting period (January 1 through June 30, 2012)
- The eligible professional practices in a rural area without sufficient high-speed Internet access (G8642)
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (G8643)

Submitting a Significant Hardship Code or Request

To request a significant hardship, individual eligible professionals and group practices participating in eRx GPRO must submit their significant hardship exemption requests through the [Quality Reporting Communication Support Page](#) (Communication Support Page) **on or between March 1 and June 30, 2012**. Please remember that CMS will review these requests on a case-by-case basis. All decisions on significant hardship

exemption requests will be final.

Significant hardships associated with a G-code may be submitted via the Communication Support Page **or on at least one claim** during the 2013 eRx payment adjustment reporting period (**January 1 through June 30, 2012**). If submitting a significant hardship G-code via claims, it is not necessary to request the same hardship through the Communication Support Page.

For more information on how to navigate the [Communication Support Page](#), please reference the following documents:

- [Quality Reporting Communication Support Page User Guide](#)
- [Tips for Using the Quality Reporting Communication Support Page](#)

For additional information and resources, please [visit the E-Prescribing Incentive Program web page](#).

If you have questions regarding the eRx Incentive Program, eRx payment adjustments, or need assistance submitting a hardship exemption request, please contact the QualityNet Help Desk at [866-288-8912](tel:866-288-8912) (TTY [877-715-6222](tel:877-715-6222)) or via qnetsupport@sdps.org. They are available Monday through Friday from 7am to 7pm CST.

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Registration Open for National Provider Call on Certified EHR Technology

If you are feeling “a little lost” about switching from a paper record, Meaningful Use, and choosing an EHR to get you started, this is the national provider call for you!

Wednesday, June 27; 2-3:30pm ET

Join CMS and the Office of the National Coordinator for Health Information Technology (ONC) for a National Provider Call providing an overview of the use of certified EHR technology to meet meaningful use. Learn about the different types of certification and what certification actually tests. As of April 30, over \$5 billion has been paid in EHR incentives under both programs. This is the last year Medicare eligible professionals can begin to participate to earn the full Medicare Electronic Health Record (EHR) incentive payments.

Target Audience: [Eligible Professionals](#) and [Eligible Hospitals](#) as defined by the Medicare and Medicaid EHR Incentive Programs.

Agenda:

- **Overview of Meaningful Use**
- **How and Why of Certification**
- **Which EHR Products are Certified**
- **Resources**
- **Q&A with CMS and ONC experts**

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) web page. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

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Two New CME Modules Now Available on Medscape on Fraud and Abuse

In early June, Medscape posted two new CME modules entitled, “Reducing Medicare and Medicaid Fraud and Abuse: Protecting Practices and Patients” and “How CMS Is Fighting Fraud: Major Program Integrity Initiatives.” These modules highlight efforts by CMS to fight fraud and abuse and how health care professionals can be part of those efforts.

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Eight Ways to Start a Performance Evaluation



Many managers find it difficult to begin performance evaluations in a way that puts the employee at ease and opens the door to dialogue.

Do you make small talk or start reading from whatever form you're using?

Do you preface the actual evaluation by setting the mood giving visual or tonal clues that it's going to be a good evaluation or a bad evaluation?

Here are eight ways to start a performance evaluation and get things started on the right foot:

1. **Review the agenda for the performance evaluation.** This is especially important if you're new to the organization and the employees are not sure what to expect. Tell the employee what information you'll review and encourage them to ask questions so it's an interactive evaluation, not just you telling them your thoughts.
2. **Review the job description** to see what changes, if any, need to be made based on duties added or removed during the year.
3. **Review last year's evaluation.** Amazingly, many managers don't look back at last year's evaluation. How can improvement or goals be assessed if you're not making a measurement between last year and this year?
4. **Discuss big events at the group that impacted the staff.** Providers coming or going. Installing EMR. The installation of other software. A move. Merging with other groups. Discuss it.
5. **Discuss the employee's significant events in the past year.** A baby? A marriage? A divorce? A move? A Family Medical Leave Act (FMLA) leave? A new position? Discuss it.
6. **Review the self-evaluation** if you've asked the employee to complete one, and I hope you have. Read the employee's answers aloud and ask questions about what they meant. [Here's my favorite simple self-evaluation.](#)
7. **If the evaluation is related to a raise or bonus, start by telling them if you're giving them a raise or a bonus.** This is an unusual way to start an evaluation, but I've used it in the past if the employee is unable to relax and really participate in the evaluation because they're so worried about the raise. By the way, it's usually the really good employees who are worried – the so-so employees tend to expect the raise and don't

worry about it. Do not start an evaluation by telling an employee you are NOT giving them a raise or a bonus.

8. **Review continuing education** that the employee completed and ask what they learned and how they implemented what they learned.

All of these suggestions give the manager the opportunity to start the evaluation on a relaxed note and engage the employee in meaningful discussion.

Note: I am excited to announce a new book from Manage My Practice coming in July 2011: "The Smart Manager's Guide to Mastering Performance Evaluations." Stay tuned for more details.

Image provided by Wikipedia.

Monday Special: Podcasts for Medical Practice Managers

❌ Do you listen to podcasts? They're little stories for grownups; small blocks of info that you can listen to while you're doing almost anything. I remember story time in elementary school so well. The classroom lights would be off, and we would put our heads down on our desks. I remember one nun had the most beautiful reading voice; I would wait all day for storytime.

Podcasts are one way you can feed yourself information or ideas, get continuing education credits, or just relax while someone reads to you. Some people listen to podcasts as they're falling asleep, and others listen while they're exercising. Even though the podcasts I'm describing here are

for professional enlightenment, you can find podcasts on just about any topic you choose.

Here are a few podcast sites for healthcare managers, and one for managers in general. You can listen by clicking on the website, or if you want to listen away from your computer, you can load it onto your iPod or other MP3 player.

[SoundPractice](#) has podcasts abstracted from The Journal of Medical Practice Management (both available from Greenbranch Publishing) as well as interviews with “health leaders and interesting people involved in the American health care system.”

[Manager Tools](#) just won Best Business Podcast Award for the third year in a row. The producers of the podcasts recommend new listeners start with [Manager Basics](#) that cover core principles that underly the Manager Tools philosophy. A comment from the producer was, “...healthcare management is the hardest management job in the world”!if Manager Tools works there (and it does, say our healthcare clients), it will work anywhere.”

P.S. I checked the MGMA/ACMPE website to see if continuing education credits are available for podcasts, but it wasn't clear. If anyone knows, would you leave a comment and let me know?